

Housing Stability Fund Consent Form



City of
Peterborough

Consent For Release Of Information:

I _____, Date of Birth _____,
(Name of Applicant)-Please Print dd/mm/yyyy

give permission to Social Services Division designated staff person, to collect and release the following information:

- ✓ My Full Name: _____
- ✓ My current income and assets: _____
 - Ontario Works (OW)
 - Ontario Disability Support Program (ODSP)
 - Emergency Assistance
- ✓ My current address: _____
- ✓ My previous address: _____

to employees of the City of Peterborough and/or other third parties (landlord, utility provider) as required for the purposes of determining and verifying eligibility for, and issuing benefits as outlined in the City of Peterborough Housing Stability Fund Policy.

Signed: _____ Date: _____
Signature dd / mm / yy

- Form contents and Collection Statement (below) read orally to client
- Verbal Consent Given
- Consent form not signed

Witness: _____ Date: _____
Staff Person dd / mm / yy

Once signed, this consent form will be valid for the period of one year, and that you may withdraw your consent at any time by giving notice in writing to the Social Services Department, PO Box 4138, 178 Charlotte Street, Peterborough, ON K9J 8S1.

This information is collected under the legal authority of the *Municipal Act, 2001*, sections 9 and 10, and the City of Peterborough By-law 14-147, for the purpose of administering Housing Stability Fund benefits and evaluating the program

For more information contact: Social Service Program Manager, 178 Charlotte Street PO Box 4138 Peterborough , ON K9J 8S1 tel: 705-748-8830 socialservices@peterborough.ca

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